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# TRANSMITTAL FORM

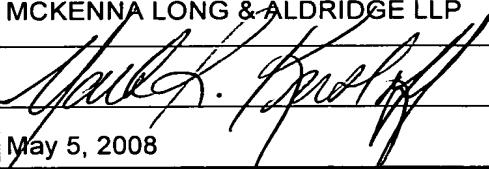
(to be used for all correspondence after initial filing)

|  |  |                        |                  |
|--|--|------------------------|------------------|
|  |  | Application Number     | 10/580,862       |
|  |  | Filing Date            | May 26, 2006     |
|  |  | First Named Inventor   | CHRAIET, Naoufel |
|  |  | Art Unit               | 2153             |
|  |  | Examiner Name          | TBA              |
| Total Number of Pages in This Submission |  | Attorney Docket Number | 13798.002.00     |

## ENCLOSURES (Check all that apply)

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Remarks | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>1) Supplemental Application Data Sheet<br>2) Declaration and Power of Attorney<br>3) Recordation Form Cover Sheet<br>4) Assignment of Application<br>5) Check No. 152632 |
|--|--|---|

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | Mark R. Kresloff, 42,766<br>MCKENNA LONG & ALDRIDGE LLP                             |
| Signature               |  |
| Date                    | May 5, 2008   |



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Effective on 12/08/2004

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL FOR FY 2007

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$170.00)**

## Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/580,862       |
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| Art Unit             | 2153             |
| Attorney Docket No.  | 13798.002.00     |

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account  Deposit Account Number: 50-0911 Deposit Account Name: McKenna Long & Aldridge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> |                     | <u>SEARCH FEES</u> |                     | <u>EXAMINATION FEES</u> |                     | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>         | <u>Small Entity</u> |                       |
| Utility                 | 310                | 155                 | 510                | 255                 | 210                     | 105                 | _____                 |
| Design                  | 210                | 105                 | 100                | 50                  | 130                     | 65                  | _____                 |
| Plant                   | 210                | 105                 | 310                | 155                 | 160                     | 80                  | _____                 |
| Reissue                 | 310                | 155                 | 510                | 255                 | 620                     | 310                 | _____                 |
| Provisional             | 210                | 105                 | 0                  | 0                   | 0                       | 0                   | _____                 |

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity  
Fee (\$) Fee (\$)

50 25

210 105

370 185

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                      |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|----------------------|
|                     |                     |                 |                      | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |
| - 20 or HP =        | 0                   | x 50.00         | = 0.00               | 370.00                           | 0.00                 |

HP = highest number of total claims paid for, if greater than 20

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                      |
|----------------------|---------------------|-----------------|----------------------|----------------------------------|----------------------|
|                      |                     |                 |                      | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |
| - 3 or HP =          | 0                   | x 210.00        | = 0.00               | 370.00                           | 0.00                 |

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 =             | 0                   | / 50 = 0 (round up to a whole number) x                 | 0.00            | 0.00                 |

### 4. OTHER FEE(S)

Other: Late Submission of Declaration Surcharge

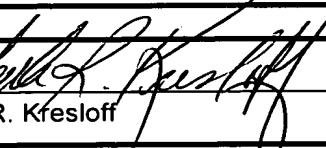
Fee Paid (\$)

130.00

Other: Recordation of Assignment Filing Fee

Fee Paid (\$)

40.00

| SUBMITTED BY         |   |                                      |                             |
|----------------------|---|--------------------------------------|-----------------------------|
| Signature            |  | Registration No.<br>(Attorney/Agent) | Telephone<br>(202) 496-7500 |
| Name<br>(Print/Type) | Mark R. Kresloff  | 42,766                               | Date<br>May 5, 2008         |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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